## NONPROVISIONAL PATENT APPLICATION

Date: November 26, 2003

Attorney Docket No.: 117418

MAIL STOP PATENT APPLICATION

NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title):

METHOD AND DEVICE FOR OPTICAL SENSOR COMPENSATION, AND

APPARATUS INCORPORATING THE SAME

By (Inventors):

Eric A. MERZ and Yoshihiko FUJIMURA

$\boxtimes$	Formal drawings (Figs. 1-11; 6 sheets) are attached.
6	Use Figure 4 for front page of Publication.
$\boxtimes$	A Declaration and Power of Attorney is filed herewith.
	This application claims benefit of Provisional Application No filed
	(A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)
$\boxtimes$	This patent application is assigned to <u>FUJI XEROX CO., LTD.</u> .
	The executed Assignment is filed herewith.
$\boxtimes$	An Information Disclosure Statement is filed herewith.
П	Entitlement to small entity status is hereby asserted.
П	A Preliminary Amendment is filed herewith.
П	Priority of foreign application(s) No filed in is claimed (35 U.S.C. §119).
_	A certified copy of the above corresponding foreign application(s) is filed herewith.
	This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that
ш	the invention disclosed in this application has not and will not be the subject of an application filed in another country, or
	under control discussed in this application has not and will not be the subject of an application filed in another country, or
	under a multilateral international agreement, that requires publication of applications 18 months after filing.
$\boxtimes$	The filing fee is calculated below:

## CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA				
BASIC FEE		rija 🗼 .				
TOTAL CLAIMS	22 - 20	= 2*				
INDEP CLAIMS	2 - 3	= 0*				
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED						

<sup>\*</sup> If the difference is less than zero, enter "0".

SMALL ENTITY				
RATE	FEE	<u>OR</u>		
<b>4</b>	\$ 385	<u>OR</u>		
x 9=	\$	<u>OR</u>		
x 43 =	\$	<u>OR</u>		
+ 145 =	\$	<u>OR</u>		
TOTAL	\$	<u>OR</u>		
iling fee is attached. Except as				

OTHER THAN A **SMALL ENTITY** 

	RATE		FEE
	***	\$	770
	x 18	\$	36
	x 86	\$	
ĺ	+ 290	\$	
	TOTAL	\$	806

 $\boxtimes$ Check No. 148645 in the amount of \$806.00 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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